

239935

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 379 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenneth S. Culpepper

Telephone: 843-343-7695

Address: 2144 Barbours Drive

Fax: N/A

Charleston, S.C 29414

Other:

Email: Culpepper151@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 24 2012
PSC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Date: 9/26/2012

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

RECEIVED
OCT 24 2012
SC
CLERK'S OFFICE

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Two Oaks Moving & Deliveries LLC. ~~(DBA Two Oaks Moving)~~

2144 Barbour Drive, Charleston, S.C. 29414
Street Address of Applicant

 " "
Mailing Address of Applicant (if different from street address)

843-343-7695 N/A
Phone FAX

Culpepper151@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers. ** This is a LLC*

Kenneth J. Culpepper - 2174 Barbours Drive, Charleston, S.C. 29414

4. Applicant proposes to operate service as follows: (Check one.)

☒ Intrastate Only

☐ Interstate Only

☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

☐ Yes

☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes

☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes

☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 9/27/12 Year 2012

Assets:

Cash	\$ 10,000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$ 12,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	\$ 500
Supplies on Hand	\$ 600
Prepays and Other Assets	0
Total Assets *	\$ 23,100
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	\$ 23,100
Total Equity	\$ 23,100
Total Liabilities and Equity *	\$ 23,100

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 80.00 per hour, / or \$ 3.00 per mile

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for: *- See Attached Insurance Quote*

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ _____

Limits _____

* Attach Certificate of Insurance if available.

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



Customer Service
800-444-4487
800-556-0014 (fax)

Mailing address
Progressive
P.O. Box 94739
Cleveland, OH 44101-4739

Thursday, September 20, 2012 5:19:56 PM
Total Number of Pages:04

Requested policy documents

To: CULPEPPERK1@GMAIL.COM
Fax number:

Message:

Please call 888-814-6494 to revise quote or buy your policy.

Thanks,
Debbie
22035

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE

TWO OAKS MOVING &
DELIVERIES LLC
PO BOX 30866
CHARLESTON, SC 29417

Underwritten by:
Progressive Northern Insurance Co
September 20, 2012
Policy Period: Sep 20, 2012 - Sep 20, 2013
Page 1 of 3

Customer Phone number: 1-843-343-7695

Commercial Auto Insurance Quote

Dear TWO OAKS MOVING &,
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that keeps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-888-814-6494, or you can visit us at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers


Continued

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$5,057.00
Paid in full discount	-749.00
Policy premium if paid in full	\$4,308.00

Payment plans

Payment Method: 10 Payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$5,057.00	\$484.23	10 payments of \$458.28
11 Payments, 16.67% Down	\$5,057.00	\$865.51	10 payments of \$420.15
12 Payments, 8.33% Down	\$5,057.00	\$446.00	11 payments of \$420.19

Make payments by mail or at progressivecommercial.com. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$5,057.00	\$530.00	9 payments of \$508.00
10 Payments, 20.0% Down	\$5,057.00	\$1,033.00	9 payments of \$452.12
10 Payments, 25.0% Down	\$5,057.00	\$1,284.50	9 payments of \$424.17
1 payment	\$4,308.00	\$4,308.00	None
4 Payments, 25.0% Down	\$5,057.00	\$1,284.50	3 payments of \$1,262.50
OPF	\$5,057.00	\$5,057.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
KENNETH CULPEPPER	25	Single	0	

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$3,747
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			40
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Comprehensive			97
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			325
See Auto Coverage Schedule	Limit of liability less deductible		

Subtotal policy premium

\$4,209

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$500	\$821
Subtotal policy premium			\$821
PUC Filing Fee			25
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$5,057

Rated commodities

- Other Consumer Goods
- Furniture (New)

Auto coverage schedule

- 2000 FORD F650 SUPER DUTY** Stated Amount: * \$6,500 (including Permanently Attached Equip)
VIN: 3FDNF6556YMA10645 Garaging Zip Code: 29414 Territory: 07 Radius: 50 miles
Personal use: N Body type: Box/Straight Truck Use class: H

Liability Premium	Liability	UM	UM PD	
	\$3747	\$34	\$6	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
	\$500	\$97	\$500	\$325
				Auto Total
				\$4,209

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Exhibit Fit, Willing, and Able (FWA)

Two Oaks Moving & Deliveries, LLC.
Name

2343801

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Kenneth L. Spry
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF *Charleston*)

SWORN TO BEFORE ME
This *1st* day of *October*, 2012
Judith Ann Chene
Notary Public
Commission Expires *9/12/2017*

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Kenneth S. Culpepper
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Kenneth S. Culpepper, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 26 day of September, 2012

Judith Ann Chene
Notary Public

Commission Expires 9/12/2017

Kenneth S. Culpepper
Applicant's Signature

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

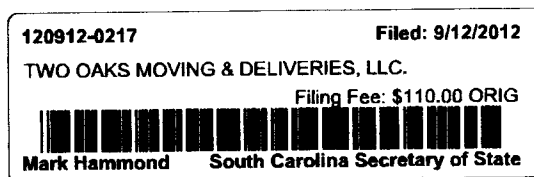
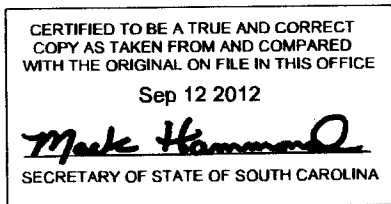
I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

TWO OAKS MOVING & DELIVERIES, LLC., A Limited Liability Company duly organized under the laws of the State of South Carolina on September 12th, 2012, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 12th day of
September, 2012

Mark Hammond

Mark Hammond, Secretary of State



STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is TWO OAKS MOVING & DELIVERIES, LLC.

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
- 2144 BARBOUR DR
Street Address
- CHARLESTON SC 294145018
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is
- KENNETH J. CULPEPPER Electronically filed on SCBOS.
Name Signature not required.
- Name Signature

and the street address in South Carolina for this initial agent for service of process is

2133 BARBOUR DR
Street Address

CHARLESTON SC 294145019
City Zip Code

4. The name and address of each organizer is

a) KENNETH J. CULPEPPER
Name

383 CULVER AVE
Street

CHARLESTON SC US 294072252
City State Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
- a) KENNETH J. CULPEPPER
- | | | |
|-------------------------------------|-------|-----------|
| Name | | |
| 383 CULVER AVE KENNETH J. CULPEPPER | | |
| Street | | |
| CHARLESTON | SC US | 294072252 |
| City | State | Zip Code |
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
- Electronically filed on SCBOS. Date 2012-09-12
Refer to attached signature page.

**Signature Page Attachment to South Carolina Business One Stop
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)

As Of: September 12, 2012 11:19 AM

Name of Limited Liability Company:

Two Oaks Moving & Deliveries, LLC.

Signature of Each Organizer:

Kenneth J. Culpepper

Name


Signature

9/12/2012
Date

Upload this completed signature page through
SCBOS using one of the following file formats only:
Adobe PDF, GIF, or JPEG. Do not mail, email or
fax this document to the Secretary of State's office.